

Foster Family Home - Corrective Action Report

Provider ID: 1-110010

Home Name: Lyma Rose Acosta, CNA

Review ID: 1-110010-9

94-293 Hiwahiwa Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/23/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due within 30 days.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#5's APS/CAN lapsed on 7/30/2020 and renewed on 8/18/2020/

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- CG#5 without an evidence of having had training in the confidentiality policies and procedures and client privacy rights.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8)- CG#4's First Aid certification training expired on 2/1/2020 and no current renewal seen in the CCFFH binder.

41.(c)- CG#5's annual in service for the year 2020 totaled to only 4 hours. Short of 8 hours.

41.(f)(1)- TB clearance for CG#1 expired on 12/18/2020 and no current renewal seen in the CCFFH binder.

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3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire- CG#2 had not conducted a monthly fire drill for the past 24 months.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(b)- Progress notes dated 7/19/2020, 7/22/2020, 7/24/2020, and 7/29/2020 were written in blue ink for Client #1.

54.(c)(6)- No signatures of caregivers' documentation noted for Client #1 from 5/11/19 thru 12/14/2020 after each dated entries.

Maribel Nakamura, RN

Compliance Manager

[Signature]

Primary Care Giver

12/23/2020

Date

12/23/2020

Date

CTA RN Compliance Manager: MARIBEL NAKAMINE

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: LYMA ROSE ACOSTA

(PLEASE PRINT)

CCFFH Address: 94-293 HIWAHIWA PLACE WAIPAHU HI, 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(2)	Lapse cannot be corrected.	12/23/20	Home will use calendar and set up phone alarm to remind due dates. PCG will inform caregivers when item is due 2 months before it expires.
16.(b)(5)	Provided training to CG#5 on confidentiality policies and procedures and client privacy rights.	1/10/21	PCG will train all new caregivers the confidentiality policies within 10 days of adding them into the home.
41.(b)(8)	CG#4 obtain current First Aid certification training.	12/30/20	Home will use a reminder on phone and calendar 2 months prior to expiration date.
41.(c)	CG#5 obtain additional copies of in service certificates totaled 8 hours.	1/10/21	In the future when adding a new caregiver, PCG must thoroughly verify complete documentation for new caregivers before adding them into the home.
41.(f)(1)	CG#1 obtain current TB Clearance.	12/30/20	Home will use a calendar and set up phone alarm to remind due dates 2 months prior to expiration date.
(3P)(b)(6) Fire	CG#2 conducted a monthly fire drill.	1/13/21	Home will create a schedule to ensure each caregiver will get a chance to conduct a monthly fire drill at least once per year.



All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 1/14/21



CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: LYMA ROSE ACOSTA

(PLEASE PRINT)

CCFFH Address: 94-293 HIWAHIWA PLACE WAIPAHU, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(b)	Progress Note written in black ink.	12/23/20	In the future, all progress notes will be written in black ink at all time.
54.(c) (6)	Started documenting with signature after each dated entries.	12/23/20	In the future, all caregivers note entry will be signed at all time and in a timely manner.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 1/10/21

☒ CTA has reviewed all corrected items